

Commentary

Comment on “Dark Nudges and Sludge
in Big Alcohol: Behavioral Economics,
Cognitive Biases, and Alcohol Industry
Corporate Social Responsibility”

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WE READ WITH INTEREST THE ARTICLE BY PETTICREW AND COLLEAGUES IN THE December issue of this journal.¹ Communication is of central importance in supporting positive health behavior change. The article reminds us that messaging can be misleading or might even encourage negative behavior change.

As independent health professional advisors to the alcohol education and advice charity, Drinkaware UK, we wish to highlight a number of matters of concern.

Petticrew and colleagues have conflated academic criticism (for example, the effectiveness of a particular approach to reducing alcohol harm) with unfounded allegations associated with Drinkaware’s financial dependence on what they describe as “the alcohol industry” or “AI.” Drinkaware has never concealed the fact that it is funded, and has been since its creation by the UK Labour Government in 2004, by a range of organizations that manufacture or sell alcoholic drinks, the biggest proportion of funding coming from the UK’s major supermarkets, followed by the hospitality industry (neither of which would likely be identified as the “alcohol industry” by most readers and members of the public) and alcoholic drinks manufacturers. It also receives regular donations from trade unions and other sources. All funding is accepted solely as unrestricted donations, meaning that the donor has no influence over the use of funds nor the governance of the charity. Drinkaware UK is subject to regulation by the Charity Commission for England and Wales: It is most certainly in no way accountable to the alcohol industry.

Secondly, the authors have chosen to only explore health messages from a highly selective sample of organizations, including Drinkaware UK, funded to a substantial extent by “the alcohol industry.” There is no attempt to compare these messages with messages from other sources, such as the public sector or other charities. This is hardly a balanced methodology.

Thirdly, we note that this article is the latest in a series from the same academic source, in different journals, that make serious, repeated allegations about Drinkaware UK, its website, and campaigns, which, when reviewed by us, have been found to be largely incorrect. In this article we note that the authors quote one of their own previous articles as a main reference. In three cases to date, we have written to the journal editors concerned to point out the problems and had those letters or comments published.²⁻⁴ In two instances, the authors have exercised their right of reply.

Legitimate criticism of Drinkaware UK is taken seriously by us. As Drinkaware’s independent professional advisors, we routinely and carefully review articles such as the one in this issue of *The Milbank Quarterly*, and are ready to recommend improvements or corrections to Drinkaware’s web site, communications, and campaigns, and then check that these are acted upon. On the topic of this paper, to date we have identified no evidence of either “intentional dark nudges” or “sludge,” and we shall continue to be vigilant in detecting any possible unintended misinformation, as will, no doubt, the charity itself.

A further and more personal concern is that Petticrew and colleagues make a slur on our professional integrity. We believe that the following completely unsupported statement has no place in this article or, indeed, in a reputable academic journal: “However, in the case of AI misinformation or disinformation we also need to consider the role of clinicians and others involved in advising these organizations, and whether this is consistent with their professional codes of ethics.” We assure readers that each of us is confident in our compliance with our respective professional codes of ethics. We refute absolutely any allegations, direct or implied, to the contrary. We note we are not alone in raising concerns about personal allegations made by Petticrew and colleagues in their publications. We were struck by the eloquence of Gray and colleagues’ recent defense of their 2020 review article⁵ that had been heavily criticized by Petticrew and colleagues.⁶ They observed with concern, as do we: “Petticrew et al.’s (2020) conflation of funding sources with conflicts of interest.”⁷

And, as Gray and colleagues⁷ have further pointed out, it is unwarranted to leap from a position where a health professional *might* be influenced by a disclosed funding source, to accusing that professional of unethical behavior. We therefore recommend, respectfully, that all journals and their reviewers be expected to heed the guidance of the International Committee of Medical Journal Editors (<http://www.icmje.org/>) and of the Committee on Publication Ethics (<https://publicationethics.org/>), which states "Conflicts of interest are ubiquitous. The presence of a conflict of interest is independent of the occurrence of impropriety."

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